



ORIENTA BEACH CLUB EMPLOYMENT APPLICATION

POSITION DESIRED: _____ **DATE:** ____/____/____
(If applying for Lifeguard position, please give expiration dates of certification: _____)

LAST NAME FIRST MIDDLE SOCIAL SECURITY #

STREET ADDRESS

CITY STATE ZIP CODE TELEPHONE #

EMAIL ADDRESS CELL PHONE #

SHIRT SIZE (Please Circle:) XS / S / M / L / XL BATHING SUIT SIZE (for Lifeguards Only): _____

PERSON TO CONTACT IN AN EMERGENCY: _____
ADDRESS: _____ TELEPHONE #: _____

ARE YOU AT LEAST 18 YEARS OF AGE: ____ YES ____ NO
IF YOU ARE UNDER THE AGE OF 18, CAN YOU PROVIDE WORKING PAPERS: ____ YES ____ NO

SCHOOL PRESENTLY ATTENDING: _____

ARE YOU A CITIZEN OF THE UNITED STATES: ____ YES ____ NO
IF YOU ARE NOT A CITIZEN OF THE UNITED STATES, CAN YOU PROVIDE DOCUMENTATION PERMITTING YOU TO WORK
IN THE UNITED STATES: ____ YES ____ NO

WHAT TYPE OF POSITION ARE YOU INTERESTED IN:
____ SUMMER ONLY ____ FULL TIME ____ PART TIME ____ TEMPORARY ____ PERMANENT

ARE YOU ABLE TO WORK: ____ DAYS ____ EVENINGS ____ WEEKENDS

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT WOULD PREVENT YOU FROM PERFORMING YOUR JOB DUTIES:
____ YES ____ NO IF YES, PLEASE EXPLAIN: _____

FOREIGN LANGUAGES: _____
FLUENT GOOD FAIR
SPEAK _____
READ _____
WRITE _____

WORK EXPERIENCE

Please list most recent position first.

COMPANY: _____ POSITION: _____ SALARY: _____

ADDRESS: _____

SUPERVISOR: _____ TELEPHONE #: _____

DATE HIRED: ____/____/____ UNTIL: ____/____/____ REASON FOR LEAVING: _____

DUTIES PERFORMED: _____

COMPANY: _____ POSITION: _____ SALARY: _____

ADDRESS: _____

SUPERVISOR: _____ TELEPHONE #: _____

DATE HIRED: ____/____/____ UNTIL: ____/____/____ REASON FOR LEAVING: _____

DUTIES PERFORMED: _____

COMPANY: _____ POSITION: _____ SALARY: _____

ADDRESS: _____

SUPERVISOR: _____ TELEPHONE #: _____

DATE HIRED: ____/____/____ UNTIL: ____/____/____ REASON FOR LEAVING: _____

DUTIES PERFORMED: _____

LIST OTHER SKILLS YOU CAN PERFORM: _____

PLEASE LIST THREE (3) PROFESSIONAL REFERENCES:

NAME: _____ YEARS KNOWN: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ TELEPHONE #: _____

NAME: _____ YEARS KNOWN: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ TELEPHONE #: _____

NAME: _____ YEARS KNOWN: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ TELEPHONE #: _____